



ARKANSAS PROFESSIONAL BAIL BONDSMAN LICENSING BOARD PROFESSIONAL BAIL BOND COMPANY LICENSE APPLICATION

The undersigned hereby applies for a Professional Bail Bond Company license and submits the following information:

- | | | | | | |
|--------------------------|---------------------|--------------------------|---------------------------|--------------------------|----------------|
| <input type="checkbox"/> | Foreign Corporation | <input type="checkbox"/> | Domestic Corporation | <input type="checkbox"/> | Partnership |
| <input type="checkbox"/> | Limited Partnership | <input type="checkbox"/> | Limited Liability Company | <input type="checkbox"/> | Proprietorship |

1. Name of Company _____
(Attach copy of Articles of Incorporation or Organization, Partnership Agreement, Sole Proprietorship Affidavit, and all amendments)

2. Main Office Address _____
Street City State Zip

Mailing Address: _____
(If different from above) Street City State Zip

3. Telephone number: (_____) - _____ - _____

4. A. If a Corporation or Limited Liability Company, list name and address of officers.

President	_____	_____
	Name	Address
Vice-President	_____	_____
	Name	Address
Secretary	_____	_____
	Name	Address
Treasurer	_____	_____
	Name	Address

B. Name and address of Stockholders or Members (attach additional pages as necessary)

_____	_____
Name	Address
_____	_____
Name	Address
_____	_____
Name	Address

C. Name and address of Directors/Managers

_____	_____
Name	Address
_____	_____
Name	Address
_____	_____
Name	Address



**ARKANSAS PROFESSIONAL BAIL BONDSMAN LICENSING BOARD
PROFESSIONAL BAIL BOND COMPANY LICENSE APPLICATION**

5. If a Partnership, list name and address of partners and percentage of ownership. Attach a copy of Partnership Agreement. As to each partner, specify whether a general or limited partner.

Partner	Partner	Partner
Name	Name	Name
Address	Address	Address
% Ownership	% Ownership	% Ownership
General/Limited	General/Limited	General/Limited

6. If a Sole Proprietorship, list name and address of proprietor.

Name	Address

7. Name and address of each individual licensed by this Board as a Professional Bail Bondsman who will act for the company under the requested license **(Note: At least one owner/partner of the bond company must be an Arkansas licensed professional bail bondsman who has been licensed in two of the three years preceding this application.)**

Name	Address

(Attach additional sheets as necessary)

I, _____ hereby state under oath that all the information in this application is true and correct to the best of my knowledge and belief.

Signature

Title

Subscribed and sworn to before me this _____ day of _____, 2_____.

Notary Public My commission expires: _____, 2_____.